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## \*BIBDATASHEET\*

CONFIRMATION NO. 1065

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/765,341	<b>FILING OR 371(c) DATE</b> 01/27/2004 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> 101.0036-02000
<b>APPLICANTS</b> Gary Karlin Michelson, Venice, CA;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/790,008 02/21/2001 PAT 6,695,849 which is a CON of 08/108,908 08/18/1993 PAT 6,200,320 which is a CIP of 07/905,127 06/24/1992 ABN which is a CON of 07/398,987 08/28/1989 ABN				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 06/14/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 20
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> 22882				
<b>TITLE</b> SURGICAL RONGEUR HAVING A REMOVABLE STORAGE MEMBER				
<b>FILING FEE RECEIVED</b> 685	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	